NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Title	Nursing Workforce Information		
Report to	Board of Directors	Date	31 October 2017
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Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		✔

Executive summary containing key messages and issues
This paper updates the committee on key issues relating to the Nursing Workforce, using information from the UNIFY return for September 2017 planned and actual hours: • The workforce data submitted to UNIFY demonstrates the overall planned versus actual hours worked to be 99% for September 2017. • Care Hours Per Patient Day (CHPPD) for September 2017 is similar to recent months at 7.59. • Workforce information and Quality and Safety profile meeting requirements of NHS England (NHSE), relating to Hard Truths demonstrates that two wards were Red for Quality. A quality summit is being arranged including Non-Executive Director representation.

Key questions posed by the report
• Does the triangulation of staffing and quality data provide the assurance on the adequacy of resources balanced with quality improvement potential?

How this report contributes to the delivery of the strategic objectives
• Provide the safest, most effective care possible • Control and reduce the cost of healthcare • Focus on innovation for improvement • Develop responsibly, delivering the right services with the right staff

How this report impacts on current risks or highlights new risks
Risks associated to the inability to recruit to establishment and develop staff to provide harm free care, delivered with compassion and of appropriate quality. Risk associated with not meeting regulatory and commissioner requirement.

The risks identified have been mitigated by the use of temporary staffing to provide planned versus actual hours worked at 99% in September. Despite the use of temporary staff to maintain safe staffing levels the Trust has remained within the 3% agency cap. The main risk in relation to staffing continues to be the recruitment to Registered nurse and midwifery vacancies and opportunities to recruit are actively being explored.

Recommendation(s) and next steps

The Board of Directors is asked to NOTE the content of this paper and SUPPORT the actions identified to ensure that the risks associated with inappropriate nurse staffing levels are appropriately managed.

Key issues and actions include:
- the continuing work of the Non-Medical workforce utilisation programme as part of DBTH Strategy and Improvement programme
- Exploring recruitment opportunities for nursing and midwifery
- Reviewing the staffing establishment using AUKUH data and analysis of clinical activity.

1. INTRODUCTION

This paper provides the Board of Directors with detailed information relating to the Nursing Workforce; highlighting issues which may impact upon the Trusts ability to provide appropriate staffing levels and skill mixes. It also updates on the implementation on Care Hours per Patient Day (CHPPD), which has been a required national return since 01 May 2016 and the data submitted to UNIFY.

2. WORKFORCE INFORMATION

The workforce data submitted to UNIFY provides the actual hours worked in September 2017 by registered nurses and health care support workers compared to the planned hours. The Trusts overall planned versus actual hours worked was 99% in September 2017, similar to recent months.

2a. Actual versus planned staffing levels (based on daily data capture)

The data for September 2017 (Appendix 1) demonstrates that the actual available hours compared to planned hours were:

- within 5% for 19 Wards (46%), two more than August
- between 5% – 10% for 13 Wards (32%) the same as August
- surpluses over 10% for 4 Wards (10%) one less than August
- deficits over 10% for 5 Wards (12%) three more than August

The wards where there were surpluses in excess of 10% of the planned hours are Gresley Unit, Rehab 2, Wards 16, CCU/C2 and 25; each ward requiring additional staff to support patients requiring enhanced care.

The wards where there were deficits in excess of 10% of the planned hours are B5, B6, M1, The Respiratory Unit and Labour Ward (Bassetlaw Hospital). The lower than planned staffing levels were due to:

- Labour Ward and M1 are due to staff sickness absence and vacancies. The service was optimised through the maternity service on call management and use of community staff to ensure safe services.
- B6 and B5 have had a higher bed availability, so staff supplementing wards elsewhere.
- The Respiratory Unit has vacancies and shortfall of back fill through temporary staffing routes.

2b. Care Hours Per Patient Day (CHPPD)

Utilising actual versus planned staffing data submitted to UNIFY and applying the CHPPD calculation the care hours for September 2017 are shown below, with a slight increase in the overall and registered midwives and nurses:

Care Hours Per Patient Day (CHPPD) – September 2017			
Site Name	**Registered midwives/ nurses**	**Care Staff**	**Overall**
BASSETLAW HOSPITAL	5.2	3.4	8.6
DONCASTER ROYAL INFIRMARY	4.3	3.3	7.6
MONTAGU HOSPITAL	2.3	2.4	4.7
TRUST	**4.33**	**3.23**	**7.56**

The CHPPD care hours data from May 2016 –September 2017 remain consistent.

2c. Quality and Safety Profile

The Quality Metrics (appendix 1) for adult wards include 19 indicators that cover each of the five CQC Key Assessment Criteria (safe, effective, caring and responsive, with the overall score illustrating well

led). Ward A5 has flagged as high risk for August and September 2017, with The Respiratory Unit flagging red in September 2017. The issues for A5 from the quality metrics are the lack of data for clinical observations and fluid balance audit, handwashing compliance rate, FFT positive and negative recommendations and low appraisal rates. The Respiratory Unit have an SI, multiple falls rate, Medicines storage, missed observation audit, handwashing compliance rate, FFT response rate and unlikely to recommend, complaint and concerns, and the appraisal compliance rate. A Quality Summit is being arranged with the nursing leadership team and a Non-Executive Director will be invited.

3. PLANNED ACTIONS AND KEY RISKS

The major issue facing most acute hospitals nationally, and locally, continues to be the challenge of filling qualified vacancies. The actions to mitigate the risks which have been detailed in previous papers are continuing, along with systems and processes to meet the expectations outlined in the safe staffing and efficiency correspondence. These are:

- The continuing work of the Non-Medical workforce utilisation programme as part of DBTH Effectiveness and Efficiency programme.
- Reviewing the staffing establishment using AUKUH data and analysis of clinical activity.
- Provide further detailed comparison CHPPD data as this becomes available nationally
- Continue to explore recruitment opportunities for nursing and midwifery

4. RECOMMENDATION

The committee is asked to NOTE the content of this paper and SUPPORT the identified actions.

APPENDIX 1: HARD TRUTHS October 2017 Paper													
Workforce /Quality/Safety Profiles September 2017 Data													
				Planned v Actual	Safe	Effective	Caring	Responsive	Well Led	Profile		WQAT annual assessment 2015/6	WQAT annual assessment 2016/17
Care Group	Matron	Ward	No of Funded Beds	Variance	Total score	Total score	Total score	Total score	QM total score	Work-force	Quality	Rating	Rating
Surgical	NS	B6	16	86%	1.5	0.5	0.0	0.5	2.5				
	NS	20	27	105%	1.0	0.0	2.0	0.5	3.5				
	NS	21	27	100%	1.0	0.0	0.5	1.0	2.5				
	LM	S12	20	93%	2.0	0.0	1.0	2.5	5.5				
	RF	SAW	21	91%	3.0	1.0	1.5	2.0	7.5				
	LC	ITU DRI	20	98%	1.0	0.0	0.0	2.0	3.0				
	LC	ITU BDGH	6	99%	0.0	1.0	4.0	1.0	6.0				
				97%									
MSK and Frailty	SS	A4	24	99%	1.5	0.0	0.0	0.5	2.0				
	SS	B5	30.7	83%	1.0	0.0	0.0	0.5	1.5				
	AH	St Leger	35	99%	2.5	1.0	2.0	2.0	7.5				
	AH	1&3	23	102%	1.5	0.0	0.0	1.5	3.0				
	SS	Mallard	16	108%	2.0	0.0	1.0	1.0	4.0				
	SS	Gresley	32	118%	1.0	0.5	4.0	1.5	7.0				
	SS	Stirling	16	105%	1.0	1.0	1.0	1.0	4.0				
	KM	Rehab 2	19	113%	0.0	0.0	1.0	1.0	2.0				
	KM	Rehab 1	29	97%	4.0	1.0	0.0	2.5	7.5				
				102%									
Specialty Service	JP	18	12	99%	3.0	1.0	3.0	1.0	8.0				
	JP	18 CCU	12	97%	0.0	0.0	4.0	2.0	6.0				
	AW	32	18	95%	2.0	1.0	0.5	3.0	6.5				
	AW	16	24	112%	3.0	0.0	0.0	2.5	5.5				
	RM	17	24	106%	3.0	2.0	2.0	2.0	9.0				
	JP	CCU/C2	18	100%	2.5	1.0	0.5	3.0	7.0				
	RM	S10	20	98%	2.5	0.0	1.0	1.5	5.0				
	RM	S11	19	99%	1.5	0.0	0.5	2.0	4.0				
				102%									
Emergency	MH	ATC	21	97%	1.0	1.0	2.5	2.5	7.0				
	SS	AMU	40	99%	3.0	1.0	1.0	2.5	7.5				
	MH	A5	16	108%	3.0	2.5	2.0	2.5	10.0				
	MH	C1	16	105%	1.5	1.5	1.0	2.5	6.5				
	SC	24	24	94%	2.5	3.0	2.0	2.0	9.5				
	SC	25	16	112%	3.5	0.0	0.0	1.5	5.0				
	SC	Respiratory unit	56	90%	4.5	3.0	3.0	2.0	12.5				
				98%									
Children and Families	AB	SCBU	8	99%	0.0	0.0	0.0	1.5	1.5				
	AB	NNU	18	98%	0.5	0.0	0.0	1.5	2.0				
	AB	CHW	18	96%	0.5	0.0	0.0	1.0	1.5				
	AB	COU/CSU	21	97%	0.5	0.0	0.5	1.0	2.0				
	SS	GS	24	95%	1.5	1.0	3.5	2.0	8.0				
	SS	M1	26	88%	0.0	1.0	0.0	2.0	3.0				
	SS	M2	18	94%	1.5	1.0	1.0	1.5	5.0				
	SS	CDS	14	92%	1.0	0.0	2.0	1.0	4.0				
	SS	A2	18	91%	0.0	3.0	0.0	2.0	5.0				
	SS	A2L	6	85%	0.0	1.0	1.0	2.0	4.0				
				93%									
		Trust Position		99%									